MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08259

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown - Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 213 near Chestertown

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware COUNTY New Castle.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Belvedere, Newport
STREET ADDRESS (If rural, give location) Marshallton Del.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Earl (Last) Anderson, Jr
4. DATE OF DEATH (Month) Aug (Day) 26 (Year) 1950

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 5 1926
9. AGE last birthday 23 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miscellaneous
10b. KIND OF BUSINESS OR INDUSTRY General Motors
11. BIRTHPLACE (State or foreign country) Wilmington, Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John E. Anderson
14. MOTHER'S MAIDEN NAME Edna Robison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes. (If yes, give war or dates of service) 1945-1947
16. SOCIAL SECURITY NO. 222-14-4258
17. INFORMANT (Wife) Mrs. Margaret Anderson - Marshallton R.D. Box 33 Delaware

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fractured skull - right temporal region — INTERVAL BETWEEN ONSET AND DEATH 10-15 minutes

819.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Sustained as passenger in car involved in traffic accident 8-26-50 at about 6 a.m.

170C (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Blood & spinal fluid tests pending

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) Aug (Day) 26 (Year) 1950 (Hour) 6 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto accident - (with fixed object)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. Hart Warr (Degree or title) Md ADDRESS Chestertown Md DATE SIGNED 8-26-50

23. BURIAL, CREMATION REMOVAL (Specify) Transportation
DATE THEREOF Aug. 26 1950
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Wilmington - Delaware

DATE REC'D BY LOCAL REG. Aug. 26-1950
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR Marvin V. Williams - Chestertown Md ADDRESS

98884

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 29 1950
BUREAU V. S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08260

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 408 Calvert St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) Johnsontown, Chestertown R.D.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Mary Elizabeth Bond

4. DATE OF DEATH (Month) (Day) (Year) Aug. 25 / 50 19

5. SEX Female
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Mar. 23, 1884
9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeping general
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Quaker Neck Kent Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Johnson
14. MOTHER'S MAIDEN NAME Amanda Cann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT AND ADDRESS Mrs. Carrie Cann 510 N. Stricker St Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

174x Immediate cause (a) Ca of uterus

48b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chron Endo-Myocarditis

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 8/21, 1950, to 8/25, 1950, that I last saw the deceased alive on 8/21, 1950, and that death occurred at 4 45 A m., from the causes and on the date stated above.

SIGNATURE A. A. Burgard (Degree or title) M.D. ADDRESS Rock Hall, Md DATE SIGNED 8/26/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 27, 50
NAME OF CEMETERY OR CREMATORY Pomona Cemetery
LOCATION (City, town, or county) (State) Pomona Kent Co. Md.

DATE REC'D BY LOCAL REG. Aug. 27-1950
REGISTRAR'S SIGNATURE Clara S. Barnes
24. FUNERAL DIRECTOR Marvin V. Williams- Chestertown Md. ADDRESS

52086

RECEIVED
AUG 29 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08261

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH · COUNTY Kent · MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Chestertown · LENGTH OF STAY (in this place) All Lyes
HOSPITAL OR INSTITUTION OR STREET ADDRESS Morgan RD #1

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland · COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Chestertown R.D. 1
STREET ADDRESS (If rural, give location) Morgan Neck

3. NAME OF DECEASED (Type or Print) (First) Mildred Tate (Middle) Gould (Last)

4. DATE OF DEATH (Month) Aug. (Day) 4 (Year) 1950

5. SEX Female
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH June 29 1901
9. AGE last birthday 49 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY Housework
11. BIRTHPLACE (State or foreign country) Kent Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Oscar Tate
14. MOTHER'S MAIDEN NAME Jennie Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)
16. SOCIAL SECURITY No. 214-28-7869
17. INFORMANT AND ADDRESS Miss Martha Tate - Chestertown R.D. #1, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

260X Immediate cause (a) Diabetic Coma 5

Antecedent cause(s)

61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetic

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Family Residency

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Av Medical Alliance Inc Md, 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at 7 a m., from the causes and on the date stated above.

SIGNATURE Frank W. Smith (Degree or title) Deputy Medical Examiner ADDRESS DATE SIGNED Aug 4 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Aug 7 1950 NAME OF CEMETERY OR CREMATORY Morgan Cem. LOCATION (City, town, or county) Morgan Kent Co. (State) Maryland

DATE REC'D BY LOCAL REG. Aug. 7-1950 REGISTRAR'S SIGNATURE Clara S. Barnes. 24. FUNERAL DIRECTOR Marvin V. Williams - Chestertown ADDRESS Md

Last seen by Physician July 13/50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 9 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08262

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1A15

1. PLACE OF DEATH
COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown
LENGTH OF STAY (in this place): 12
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent and Queen Annes

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall
STREET ADDRESS (If rural, give location): Piney Neck

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Emily (Last) Coleman

4. DATE OF DEATH: (Month) August (Day) 10 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-10-1878

9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kent County - Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Philip Apsley

14. MOTHER'S MAIDEN NAME: Rachael Woodyhand

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Hosp Records - Chestertown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial failure due to chronic	8 yrs
442X Antecedent cause(s)	Myocarditis. Mitral stenosis	
186a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) C.V.R. Disease	8 yrs
	(c) Arteriosclerosis	8 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture neck of left femur — 12 days

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home

(CITY OR TOWN): Piney Neck — (COUNTY): Kent — (STATE): Md

TIME OF INJURY: (Month) 7 (Day) 29 (Year) 1950 (Hour) 11 P.M.

INJURY OCCURRED: While at Work ☐ Not While At work ☑

HOW DID INJURY OCCUR?: Fell on doorstep.

22. I hereby certify that I attended the deceased from 7-30 1950, to 8-10, 1950, that I last saw the deceased alive on 8-10, 1950, and that death occurred at 8:00 P.M., from the causes and on the date stated above.

SIGNATURE: A. A. Dick — (Degree or title): M.D. — **ADDRESS**: Chestertown, Md — **DATE SIGNED**: 8-10-50

23. BURIAL, CREMATION, REMOVAL (Specify):

DATE: Aug 12-1950

NAME OF CEMETERY OR CREMATORY: Wesley Chapel

LOCATION (City, town, or county): Rock Hall — (State): Md.

DATE REC'D BY LOCAL REG.: Aug. 11-1950

REGISTRAR'S SIGNATURE: Clara L. Barnes.

24. FUNERAL DIRECTOR: Edgar L. Lane — **ADDRESS**: Church Hill, Md

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BUREAU V. S

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08263

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH — COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rural Haven

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall
STREET ADDRESS (If rural, give location): Haven

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) Lee (Last) Collyer
4. DATE OF DEATH: (Month) Aug (Day) 15 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Jan 11 1879
9. AGE last birthday: 71 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): waterman
10b. KIND OF BUSINESS OR INDUSTRY: Fishing, cabing system
11. BIRTHPLACE (State or foreign country): Rock Hall, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thomas Nelson Collyer
14. MOTHER'S MAIDEN NAME: Mary M. Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Mrs Collyer, wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

177X Immediate cause (a) Ca. of Prostate and liver

Antecedent cause(s)

51b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1946
19b. MAJOR FINDINGS OF OPERATION: Enlargement of prostate: ca.
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/10, 1950, to 8/15, 1950, that I last saw the deceased alive on 8/15, 1950, and that death occurred at 10 43 A m., from the causes and on the date stated above.

SIGNATURE: A. A. Burgard — (Degree or title): M.D. — ADDRESS: Rock Hall, Md — DATE SIGNED: 8/15/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Aug 18th 1950 — NAME OF CEMETERY OR CREMATORY: Wesley Chapel — LOCATION (City, town, or county): Rock Hall, Kent — (State): Md.

DATE REC'D BY LOCAL REG.: Aug 18/50 — REGISTRAR'S SIGNATURE: S. Elwood Burgess — 24. FUNERAL DIRECTOR: Edgar L. Lane — ADDRESS: Church Hill Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08264

Reg. Dist. No. 201

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. Pomona

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown
STREET ADDRESS (If rural give location) R.F.D. Pomona

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) Rebecca (Last) Elias

4. DATE OF DEATH (Month) Aug. (Day) 15 (Year) 1950 19

5. SEX female
6. COLOR OR RACE colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH Aug. 30, 1888
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY domestic Labor
11. BIRTHPLACE (State or foreign country) Kent Co. Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Wesley Elias
14. MOTHER'S MAIDEN NAME Lettie Rebecca Murray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) none
16. SOCIAL SECURITY NO. None
17. INFORMANT Wm. T. Elias (Bro.) Tyaskin Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 18 mo.

443x Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Sclerosis — April 50

(c) Hypertension — 1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1949, to Aug., 1950, that I last saw the deceased alive on Aug. 11, 1950, and that death occurred at 11:50 P.m., from the causes and on the date stated above.

SIGNATURE Frank W. Smith (Degree or title) ADDRESS Chestertown Md DATE SIGNED Aug 16/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Aug. 19, 1950
NAME OF CEMETERY OR CREMATORY Quaker Neck (col) Cem.
LOCATION (City, town, or county) Pomona Kent Co. Md. (State)

DATE REC'D BY LOCAL REG. Aug. 17-1950
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR J. Willis Wells - Chestertown, Md. ADDRESS

52086

RECEIVED
AUG 21 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

18265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Kent MARYLAND					2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent						
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown	LENGTH OF STAY (In this place) 20 yrs.				CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown						
HOSPITAL OR INSTITUTION OR STREET ADDRESS 101 Spring ave					STREET ADDRESS (If rural, give location) 101 Spring St.						
3. NAME OF DECEASED (Type or Print)	(First) Kathryn	(Middle) E.	(Last) Gehr		4. DATE OF DEATH	(Month) Aug.	(Day) 17	(Year) 1950			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Oct. 25 1871	9. AGE last birthday 78 yrs.	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sitting Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Aiken Cecil Co. Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.								
13. FATHER'S NAME Edward D. Gehr		14. MOTHER'S MAIDEN NAME Sarah Berry									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If year, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Mrs. H.B. Simmons Chestertown Md.								

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Multiple Pulmonary Infarction Edema + Asphyxia — 4 mos.

Immediate cause (a) due to

490X Antecedent cause(s) Lobar Pneumonia. An atypical case + 8 days

108 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) with a typhoid + Fovia conditions throughout. Entire absence of ye

(c) Perforation Duodenum. Replac

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ed invasion of right lung area, one after another.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
No Operation	None	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
None				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mch. 25, 1950, to Aug. 17, 1950, that I last saw the deceased alive on Aug. 17, 1950, and that death occurred at 6.30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Harry L. Dodd, M.D.	Chestertown, Maryland	Aug. 18, 1950.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Aug. 20, 1950	Asbury Cemetery	Aiken Cecil Co.	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 18-1950	Clara L. Barnes	Mann V. Williams	Chestertown, Md

VS/A15

52086

RECEIVED
AUG 21 1950
BUREAU V. S

Do you want to query for Marital Status?

8/22/50

RCS

Cause of death query —

Does your mention of "typhoid" indicate typhoid fever, and do you think this death should be charged to this ~~cause~~ as the underlying cause

08266

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 280

1. PLACE OF DEATH — COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Chesterville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Chesterville.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) GERTRUDE (Middle) (Last) JOHNSON
4. DATE OF DEATH: (Month) Aug. (Day) 3 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Baby
8. DATE OF BIRTH: July 7, 1950
9. AGE last birthday: yrs. — If under 1 year: Months 3 Mos. Days 26 — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baby
10b. KIND OF BUSINESS OR INDUSTRY: Baby
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Willis Stanley
14. MOTHER'S MAIDEN NAME: Margaret Johnson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Margaret Johnson - Chesterville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

772.5 Immediate cause (a) arterial Thrombosis.

Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Malnutrition,

(c) Premature Baby

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
INJURY OCCURRED While at Work ☐ Not While At work ☐ —
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Aug 3, 1950, to Aug 4, 1950, that I last saw the deceased alive on Aug 3, 1950, and that death occurred at 7.30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): L. P. Atwell — ADDRESS: Stiles Pond — DATE SIGNED: 8/4/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Aug 4, 1950 — NAME OF CEMETERY OR CREMATORY: Chesterville Cemetery — LOCATION (City, town, or county): Chesterville. (State): Md.

DATE REC'D BY LOCAL REG.: Aug. 4, 1950 — REGISTRAR'S SIGNATURE: Edward Fellows — 24. FUNERAL DIRECTOR: Edward Fellows - Millington, Md. — ADDRESS:

1-0-7-07-0-22-3-35-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 9 1950
BUREAU T. S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

118267

Reg. Dist. No. 2-021

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent and Queen Anne's

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
David	E	Joyner	August	29	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	8-11-71	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Waterman - fisherman	—	Rock Hall, Kent Co. Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Joyner	Laura Hubbard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	20 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis & auricular fibrillation	Several years
	(c) Coronary artery disease	" "

420.1
121

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Acute appendicitis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
8-23-50	Acute appendicitis	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8-23, 1950, to 8-29, 1950, that I last saw the deceased alive on 8-29, 1950, and that death occurred at 1:23 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. A. Sick	M.D.	Chestertown, Md.	8-29-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Sept 1-50	Western Chapel	Rock Hall	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 1-1950	Clara S. Baines	Edgar L. Lane Church Hill Md	

900 VI

RECEIVED
SEP 2 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

18268

Reg. Dist. No. 203

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Kent; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rock Hall; LENGTH OF STAY (in this place) 3 months; HOSPITAL OR INSTITUTION OR STREET ADDRESS Maple Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rock Hall; STREET ADDRESS (If rural, give location) Maple Ave

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Leonard (Last) Kelley

4. DATE OF DEATH: (Month) Aug (Day) 6 (Year) 1950

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan 26/82

9. AGE last birthday: 68 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Store

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Kelley

14. MOTHER'S MAIDEN NAME: Emily Jewell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: X

17. INFORMANT: Mrs Ethel Kelley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Ca of stomach and liver — Interval between onset and death:

151X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

46b (b) —

(c) chron. heart condition

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN): —

(COUNTY): —

(STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/12, 1950, to Aug 6, 1950, that I last saw the deceased alive on 8/4, 1950, and that death occurred at 12 30 P.M., from the causes and on the date stated above.

SIGNATURE: A A Burgard (Degree or title) M.D. ADDRESS: Rock Hall Md DATE SIGNED: 8/9/50

23. BURIAL, CREMATION or REMOVAL (Specify): Burial

DATE: Aug 9, 1950

NAME OF CEMETERY OR CREMATORY: Wesley Chapel

LOCATION (City, town, or county) (State): Rock Hall Md.

DATE REC'D BY LOCAL REG.: 8/9/50.

REGISTRAR'S SIGNATURE: S. Elwood Duncan

24. FUNERAL DIRECTOR: Edgar L. Lane

ADDRESS: Church Hill Md.

XVX 79

RECEIVED
AUG 15 1950
BUREAU T. S

Evidence for addition in 18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

P8269

FILM No. G 127 AUG 25 1950

Reg. Dist. No. 2021

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (rural) Chestertown
LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Quaker Neck Landing

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (rural) Chestertown
STREET ADDRESS (If rural, give location) Quaker Neck Landing

3. NAME OF DECEASED (Type or Print): (First) Albert (Middle) Clark (Last) Kenly

4. DATE OF DEATH: (Month) August (Day) 17 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 12-20-58

9. AGE last birthday: 91 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Superintendent of Freight

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Tyson Kenly

14. MOTHER'S MAIDEN NAME: Priscilla Watkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 10

17. INFORMANT AND ADDRESS: Mrs. C.R. Humphreys - Chestertown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Senility

794X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

162 (c) Deceased was in excellent health. There were no symptoms of stroke, thrombosis, etc. (8-25-50 - ams)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-12, 1950, to 8-17, 1950, that I last saw the deceased alive on 8-16, 1950, and that death occurred at 5 p.m., from the causes and on the date stated above.

SIGNATURE: A.C. Sick — (Degree or title) M.D. — ADDRESS Chestertown, Md. — DATE SIGNED 8-17-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF August 19, 1950 | NAME OF CEMETERY OR CREMATORY St. Paul Cemetery | LOCATION (City, town, or county) (State) Near Fairlee, Kent Co. Md.

DATE REC'D BY LOCAL REG. Aug. 18-1950 | REGISTRAR'S SIGNATURE Clara L. Barnes | 24. FUNERAL DIRECTOR Marvin C. Williams - Chestertown, Md. | ADDRESS

15647

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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AUG 21 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

P8270

Reg. Dist. No. 201

1. PLACE OF DEATH: COUNTY Kent; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kennedyville (Rural) — LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Turners Creek Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Chester~~ Kennedyville (Rural)
STREET ADDRESS (If rural, give location) Turners Creek Hosp.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	Elwood	Miller	August	21	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	Dec 10, 1924	25 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming (Tenant)	Farm	Maryland	U.S.

13. FATHER'S NAME Charles Miller
14. MOTHER'S MAIDEN NAME Ethel Kingzold Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII
16. SOCIAL SECURITY NO. 219-14-3241
17. INFORMANT Mrs. Chas Miller - Kennedyville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Rifle shot wound in rt temporal region	instantaneous
976X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
164C	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Farm	(CITY OR TOWN) Kennedyville	(COUNTY) Kent	(STATE) Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
8	21	1950	11:25 a.m.			Self inflicted

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	*ADDRESS	DATE SIGNED
Robert W. Farr	Substitute Medical Examiner M.D.	Chestertown, Md	8-22-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 23 1950	Chester Cemetery	Chestertown, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/24/50	E Kennard Jones	Marvin V. Williams	Chestertown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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RECEIVED
AUG 25 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08271

Reg. Dist. No. 200

1. PLACE OF DEATH
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Galt md. Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Rachel (Middle) F. (Last) Moore

4. DATE OF DEATH (Month) aug (Day) 6 (Year) 1950

5. SEX female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow | 8. DATE OF BIRTH July 6, 1869 | 9. AGE last birthday 81 yrs. | If under 1 year Months / Days | If under 24 hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) New Jersey | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Joseph Atkinson | 14. MOTHER'S MAIDEN NAME Hannah Flannigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Mrs Leonard P. Yoch. Galt md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
443X Immediate cause	(a) Chronic Myocarditis	3 months
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Hypertension	3 months
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1950, to aug 6, 1950, that I last saw the deceased alive on Aug 6, 1950, and that death occurred at 10.30 A m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Allan R. Crouch M.D. Middletown, Del 8-7-50.

23. BURIAL, CREMATION REMOVAL, (Specify) Burial | DATE THEREOF 8/9/50 | NAME OF CEMETERY OR CREMATORY Emanuel Cemetery | LOCATION (City, town, or county) Penn Grove (State) New Jersey

DATE REC'D BY LOCAL REG. Aug. 7, 1950 | REGISTRAR'S SIGNATURE Edward Fellows | 24. FUNERAL DIRECTOR G. Fenton Downes | ADDRESS Middletown Del.

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 14 1950
BUREAU V. S.

18272

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 204

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Worton — LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Worton R.R. Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Stevens (Last) Parsons

4. DATE OF DEATH: (Month) Aug (Day) 10 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: April 17 1870

9. AGE last birthday: 60 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Talbot Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas S. Parsons

14. MOTHER'S MAIDEN NAME: Martha A Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: No

17. INFORMANT AND ADDRESS: Mary Stevens. Worton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis. — 2 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary occlusion. (Due to) — 6 mo.

(c) Hypertension.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to Aug 10, 1950, that I last saw the deceased alive on Aug 10, 1950, and that death occurred at 11:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank H Smith — ADDRESS Chestertown Md — DATE SIGNED Aug 11 50

23. BURIAL, CREMATION REMOVAL (Specify): Buried | DATE 8/13/1950 | NAME OF CEMETERY OR CREMATORY Chester Cem. | LOCATION (City, town, or county) Chestertown (State) Md

DATE REC'D BY LOCAL REG. Aug 12/50 | REGISTRAR'S SIGNATURE Frank H Smith

24. FUNERAL DIRECTOR J Willis Wells — ADDRESS Chestertown Maryland

RECEIVED
AUG 15 1960
BUREAU

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS A13

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08273

Reg. Dist. No. 201

1. PLACE OF DEATH · COUNTY: Kent — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Betterton — LENGTH OF STAY (in this place): most of life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Betterton
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	(First) Henry	(Middle) B.	(Last) Price	4. DATE OF DEATH	(Month) Aug. (Day) 23 (Year) 1950
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married	8. DATE OF BIRTH: Sept. 18, 1886	9. AGE last birthday: 63 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocer Store Merchant	10b. KIND OF BUSINESS OR INDUSTRY: Owner	11. BIRTHPLACE (State or foreign country): Kent Co. Maryland	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Charles Henry Price		14. MOTHER'S MAIDEN NAME: Mary K. Baker			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —	16. SOCIAL SECURITY NO.: 217-07-5054	17. INFORMANT AND ADDRESS: Mrs. ~~Ada~~ Edith Strong Price (Wife)			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

153X Immediate cause (a) E. Hardin's Fraud Politics — 1944

Antecedent cause(s) (b) Barcinomy Colon. Illinois

46e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) & Cocaine.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nov. 14/49 — 19b. MAJOR FINDINGS OF OPERATION: C. A. of Sundry Colon Illinois & Cocaine — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1949, to Aug 14, 1950, that I last saw the deceased alive on Aug, 1950, and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE: Frank N. Smith (Degree or title) — ADDRESS: Chestertown Md — DATE SIGNED: Aug 24/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: Aug. 26, 1950	NAME OF CEMETERY OR CREMATORY: I. U. Cemetery	LOCATION (City, town, or county): Kent County (State): Md.
DATE REC'D BY LOCAL REG.: 8/26/50	REGISTRAR'S SIGNATURE: E. Kennard Jones	24. FUNERAL DIRECTOR: J. Willis Wells - Chestertown, Md.	ADDRESS

15661

Grace Dun Pine

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Dec 22 1923

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RECEIVED
AUG 29 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08274

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown, Rural. LENGTH OF STAY (In this place) Left
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Morgan Neck Bridge

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Near Kibler's Corner
STREET ADDRESS (If rural, give location) Chestertown R.D.

3. NAME OF DECEASED (Type or Print) (First) Homer (Middle) Suddler (Last) Smith
4. DATE OF DEATH (Month) August (Day) 22 (Year) 1950
5. SEX Male
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH Sept. 2 1900
9. AGE last birthday 49 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labour farming
10b. KIND OF BUSINESS OR INDUSTRY Tenant
11. BIRTHPLACE (State or foreign country) Queen Anne County, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John C. Smith
14. MOTHER'S MAIDEN NAME Mary Eliz Taylor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) No.
16. SOCIAL SECURITY No. 219-14-4907
17. INFORMANT (Brother) Mr. Irving Smith, Watson, Kent Co. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

976 X Immediate cause (a) Shotgun wound in left chest — INTERVAL BETWEEN ONSET AND DEATH: instantaneous

Antecedent cause(s) 164 C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home of friend
(CITY OR TOWN) Chestertown (COUNTY) Kent (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 22 1950 about 7:00 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Self inflicted

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE Robert W Farr (Degree or title) M.D. Substituted Deputy M.E. ADDRESS Chestertown, Md DATE SIGNED 8-22-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 25 1950
NAME OF CEMETERY OR CREMATORY Chester Cemetery
LOCATION (City, town, or county) Chestertown, Kent Co. (State) Maryland

DATE REC'D BY LOCAL REG. Aug. 24 1950
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR Marvin V. Williams - ADDRESS Chestertown, Md.

866 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 26 1960
BUREAU V. P.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08275

Reg. Dist. No. 202

1. PLACE OF DEATH · COUNTY: Kent · MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland · COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown · LENGTH OF STAY (in this place): 10 days.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent & Queen Anne Hosp.	STREET ADDRESS (If rural, give location): Rock Hall - Guys Inn RD # 2

3. NAME OF DECEASED (Type or Print): (First) Solomon (Middle) Thompson (Last)

4. DATE OF DEATH: (Month) August (Day) 8 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	If under 1 year Days	If under 24 hrs. Hours	If under 24 hrs. Mio.
Male	Col.	Widowed	August 1, 1874	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Labour - (Retired)	Servant & Waterman	Rock Hall, Kent Co. Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Benjamin Thompson	Emma Pratt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No		None	Blanche Smith Rock Hall - Md. R.D. 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocarditis, chronic, & C.V.V. disease.	?
442X Antecedent cause(s)	(b) Arteriosclerosis	?
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arteriosclerotic gangrene of left 1st & 2d toes	10 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 8-4, 1950, to 8-8, 1950, that I last saw the deceased alive on 8-8, 1950, and that death occurred at 8:35 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A.C. Dick	M.D.	Chestertown, Md	8-9-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Buried	August 11, 1950	Sharptown Cem.	Rock Hall, Kent Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 11-1950	Clara S. Barnes.	Marvin V. Williams - Chestertown, Md.	

900 V1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 14 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

8276

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Kent; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown; LENGTH OF STAY (In this place) all life; HOSPITAL OR INSTITUTION OR STREET ADDRESS 404 Calvert St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown Maryland; STREET ADDRESS (If rural, give location) 404 Calvert St.

3. NAME OF DECEASED (Type or Print): (First) Edith (Middle) Watson (Last)

4. DATE OF DEATH: (Month) August (Day) 14 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug. 1, 1890

9. AGE last birthday: 60 yrs. If under 1 year: Mooths. Days. If under 24 hrs.: Hours. Mio.

10a. USUAL OCCUPATION (Give kiod of work done during most of working life, even if retired): (None) general housekeeping

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Annarundle County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Jackson

14. MOTHER'S MAIDEN NAME: Georgeanna Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no. (If year, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: (Brother) James Hubert Jackson - 200 W Camden St. Balto

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 k Immediate cause (a) Cerebral hemorrhage, Paralysis

Antecedent cause(s)

183a Diseases or conditioos, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or coodition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/3, 1950, to 8/14, 1950, that I last saw the deceased alive on 8/10, 1950, and that death occurred at 10.20 Am., from the causes and on the date stated above.

SIGNATURE: A A Burgard (Degree or title) M.D. ADDRESS: Rockhall, Md. DATE SIGNED: 8/15/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE: Aug. 17, 1950 NAME OF CEMETERY OR CREMATORY: Columbia Comm Cemtery LOCATION (City, town, or couoty) (State): Still Pond, Kent Co., Maryland

DATE REC'D BY LOCAL REG.: Aug. 17-1950 REGISTRAR'S SIGNATURE: Clara L. Barnes.

24. FUNERAL DIRECTOR: Marvin V. Williams ADDRESS: Chestertown, Md.

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VS. A13

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08277

Reg. Dist. No. 203

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
LENGTH OF STAY (in this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pinney Neck

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall RD #1
STREET ADDRESS (If rural, give location) Pinney Neck

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Virginia (Last) Watson

4. DATE OF DEATH (Month) Aug (Day) 5 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH April 27 1887
9. AGE last birthday 63 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Housekeeper
11. BIRTHPLACE (State or foreign country) Rock Hall, Kent Co. Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Elbin
14. MOTHER'S MAIDEN NAME Harriett Eliz. Beck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)
16. SOCIAL SECURITY NO. No.
17. INFORMANT AND ADDRESS Raymond Watson - Rock Hall Md. R.D.1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.2 Immediate cause (a) Angina Pectoris — INTERVAL BETWEEN ONSET AND DEATH: 3 months

Antecedent cause(s)

94b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1950, to Aug. 5, 1950, that I last saw the deceased alive on Aug 4, 1950, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

SIGNATURE E. Hester (Degree or title) ADDRESS Rock Hall DATE SIGNED 8/7/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Aug 8, 1950
NAME OF CEMETERY OR CREMATORY Wesley Chapel
LOCATION (City, town, or county) Rock Hall, Kent Co. (State) Md.

DATE REC'D BY LOCAL REG. 8/7/50
REGISTRAR'S SIGNATURE S. Elwood Burgess
24. FUNERAL DIRECTOR Marvin V. Williams Chestertown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

18278

Reg. Dist. No. 203

1. PLACE OF DEATH
COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall
LENGTH OF STAY in this place): Life
STATE: MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Thomas (Last) Whaland

4. DATE OF DEATH: (Month) Aug. (Day) 22 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 16, 1873

9. AGE last birthday: 77 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Fish & oyster Inspector

10b. KIND OF BUSINESS OR INDUSTRY: (state conservation)

11. BIRTHPLACE (State or foreign country): Kent Co. Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Laurence Whaland

14. MOTHER'S MAIDEN NAME: Sara Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: 212-20-6040

17. INFORMANT: Mrs. John T. Vickers Chestertown Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4200 Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 5 minutes

932 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteria sclerotic Heart Disease — several yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1950, to August, 1950, that I last saw the deceased alive on August 22, 1950, and that death occurred at 5 30 Am., from the causes and on the date stated above.

SIGNATURE: John N. Weems (Degree or title) M.D. ADDRESS: Box 83 Chestertown Md. DATE SIGNED: Aug. 22, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Aug. 25, 1950
NAME OF CEMETERY OR CREMATORY: Wesley Chapel Cem.
LOCATION (City, town, or county) (State): Rock Hall, Maryland

DATE REC'D BY LOCAL REG.: Aug 22/50
REGISTRAR'S SIGNATURE: S. Elwood Burgess

24. FUNERAL DIRECTOR: J. Willis Wells- Chestertown, Md.
ADDRESS:

10699

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AUG 24 1990
BUREAU W. B.